



# Personal Training

## Client Intake Form

### Contact Information

Client First Name & Last Initial: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Lifestyle & Fitness Background

Occupation: \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ N/A

Which best describes the level of physical activity required in your job:

- ☐ N/A
- ☐ Mostly sitting (e.g. desk work, computer work)
- ☐ Some standing/walking (e.g. teaching, retail, light movement)
- ☐ Moderate physical activity (e.g. moving/lifting light objects, walking frequently)
- ☐ Heavy physical activity (e.g. manual labour, lifting heavy loads, physically demanding tasks)

Do you currently exercise? ☐ Yes ☐ No

If yes, what type and how often? \_\_\_\_\_

\_\_\_\_\_

Have you worked with a personal trainer before? ☐ Yes ☐ No

Average daily activity level:

- ☐ Sedentary (little movement)
- ☐ Lightly Active (1-2x/week)
- ☐ Moderately Active (3-4x/week)
- ☐ Very Active (5+ days/week)

What are your goals for personal training? (*check all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> Weight reduction                | <input type="checkbox"/> Improve sports performance        |
| <input type="checkbox"/> Muscle gain                     | <input type="checkbox"/> Rehabilitation                    |
| <input type="checkbox"/> Strength improvement            | <input type="checkbox"/> Stress relief / mental well-being |
| <input type="checkbox"/> Increase cardiovascular fitness | <input type="checkbox"/> Add variety to workouts           |
| <input type="checkbox"/> Improve flexibility/mobility    | <input type="checkbox"/> Improve exercise technique        |

## Health History

Do you currently have any injuries or conditions that may affect your ability to exercise or perform certain exercises? If yes, please describe. \_\_\_\_\_

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## Additional Information/Requests

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

CSEP Questionnaire responses reviewed: ☐ Yes ☐ No

Date Intake Form Completed: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Comments/Notes:

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*Personal information is collected for the purpose of responding to your request. The City of Vernon is collecting information under section 26(c) of the Freedom of Information and Protection of Privacy Act (British Columbia). Should you have any questions about the collection of this personal information, please contact the Recreation Programmer, Health & Wellness at 250-550-3672 or [activeliving@vernon.ca](mailto:activeliving@vernon.ca).*